HIV Planning Steering Group (HPSG) May 09, 2019 Agenda

Location: CenterPoint Corporate Park Conference Center. 20809 72nd Avenue S, Kent, WA 98031
RAINER ROOM NEAR ALKAI BAKERY

Date/Time: May 9, 2019; 10:00am – 3:00pm

Estimated Time	Section Topics for Discussion	Section Objective
10:00am – 10:10am	**I. Welcome/Housekeeping/Announcements (15 minutes)** **a. Agenda Review with Action** **Moved by Judy, 2nd by Shauna** **b. Minutes with Action** **Motion Shireesha, 2nd Shauna** **c. Special Announcement**	*Provide Information* *Approve Agenda* *Approve Minutes*
10:10am – 10:30am	**II. Updates & Discussions (10 minutes)** **a. Introductions and New Member – Evelyn** **Members: Tom Jaenicke, Jasmine Gruenstein, Jsani Henry, Melissa Roberts, Jason Sterne, Scott Bertani, Tamara Jones, Lauren Fanninf, Judith Billings, George Fine, Shauna Applin, Mike Barry, Joe Ready, Maria Benevides, Vanessa Leja, Maggie Miller-Boland, Shireesha Dhanireddy, Lara Strick** **Community and Staff** **Public: Jeff Larger- Gilead, Dennis Torres, Victor Ramirez, Monty Levine, Kristen Jaden (ViiV Healthcare), Erick, Ursula Cory (Merck), Lori (Merck), Carri Comer**	*Obtain additional members for MC*
10:25 am -10:30 am Public Comment (5 minutes)		***Receive Public Comment***
10:30am – 12:00 pm	**III . Changes in the HPSG – Survey, Engagement – Jasmine – 30 Minutes** **Survey before each meeting for interest for meeting topics, Jasmine will be starting that up again. For example micro grants and having grantees present on what is happening around the state. – People are supportive. Jasmine will do for the July meeting.** **Additional Ideas – Are there different ways to interact with each other? Small groups, break out session and come to a larger group.** **Share thoughts during meeting or include with the survey** **Tom attended a national prevention conference – story telling element to the conference where people with HIV and care providers share their story.** **Scott- Interesting that could spur some ad hoc groups with the 50+ for statewide statement of need.** **Jason – Be intentionally and thoughtful especially folks who use drugs and that all communities are included.** **Maria – Come to absorb information, but getting the confirmation that other agencies are aligned with what I'm doing – Missing opportunity to share best practices amongst the group, challenges, etc.** **Judy – Would have updates on what is going on with medications, interesting and helpful so that could be shared for providing direct services.** **Joe – Program spotlight** **Shauna – Bringing up challenges to see where DOH can help or advocate. Instead of general invite, have specific goals for when we invite community members as part of providing input or the opportunity from a client's perspective and not just observers.** **Scott – Identify ways to operational things that happen through HPSG, BREE as an example. How do we pull everything together?** **Joe – Touch on stigma and the housing crisis.** **Eric – Observation, there are wonderful ideas for agenda items, didn't hear any underlying or unifying purpose of the body and may be helpful to have that conversation for forward motion of the group. What is the purpose of the group at**	*Updates from Exec Committee on HPSG moving forward*

large?

IV. Membership Discussion – Moving forward with Bylaws – Melissa/Exec

Lapse in following bylaws especially with attendance and the group is going to start following what has been set. Need to understand what we do and be present in order to meet the goals of the group.

SECTION 6: Attendance

Attendance is defined as physically attending a meeting of the HPSG. Attendance at regularly scheduled HPSG meetings is mandatory. Automatic removal results when a member accrues two (2) absences in the twelve (12) month planning cycle (January 1 – December 31) Attendance at committee meetings, as defined by ARTICLE III, SECTION 6 of the *POLICY AND PROCEDURES MANUAL*, is expected.

SECTION 6: Attendance

The following policy describes HPSG member expectations related to attendance.

1. Attendance is mandatory. Each member is expected to attend regularly scheduled meetings in person, including meetings of the full HPSG and meetings of committees which they are members.
2. Each member is expected to communicate by phone or email any absences prior to the date of the full HPSG meeting or meeting of a committee and not less than two (2) hours prior to the meeting. HPSG members are responsible for cancelling any accommodation, travel or other HPSG meeting logistical assistance within reason. Notification of absences must be made to DOH staff. Committee / Work Group Chairs should also contact DOH staff if they cannot attend a scheduled meeting of their committee. When a Committee / Work Group Chair is unable to attend, a committee / work group member designee should be conferred with and provided with an agenda by the Committee / Work Group Chair so that the committee may move forward on its work.
3. Each HPSG member may send a representative in his or her absence to gather information and take notes. However, the representative cannot vote, and the member is still counted as absent.
4. Unless excused by both HPSG Co-Chairs, a member who comes late to or leaves early from a full HPSG meeting will be counted as absent if he/she misses more than one-half of a scheduled meeting.
5. As stated in ARTICLE 3, SECTION 9 of the *CHARTER AND BY-LAWS*, automatic removal results when a member accrues two (2) absences from full HPSG meetings in the twelve (12) month planning cycle (January 1 – December 31). Upon the request of a HPSG member, the HPSG Co-Chairs will address a letter to that member's employer outlining the importance of HIV community planning and requesting special consideration for that member's attendance at HPSG meetings.

Discussion –

Maria – Letter from employer seems drastic.
The document is not punitive, but to reinforce the importance of presence.
If there are barriers to attendance, what do we need to change or how can we help.
Scott – from executive committee this is great to have a pause and think how do we have the defined purpose?
Maria – Barriers, have a conflicting leadership meeting that is mandatory with her organization. Don't want to be penalized
Joe – Do we need to have conversation about changing the meeting days?
Lara – Do we need to have more video conferencing options?
Vanessa – We have been mulling over: concern regarding dedicated focus and less likely to be bothered if we are together in a room. Want to make it as easy as possible, but

still meaningful.
Scott – Other groups have struggled with the same thing and have done webinars. When we talk about reducing barriers for bringing folks to the table, especially certain groups meeting in person can be challenging.
Adrian – Be honest that we are here to represent the people we serve and if we don't have the time then we need to step down or find another that can make the time.

May need to tweak the by-laws next meeting.

Public Comments –
For cohesiveness of the group, meeting in-person brings that together. Limit video conferencing to how many times they can video in.

Committee/All – 1 hour

VI. Legislative package (next steps) – And the National ETHE work – Tam, Carri, and everyone– 1 Hour

Session Wrap-Up – What passed and didn't that this group should be aware of.

Reproductive health care for all act: No cost share for condoms, because – SB 5602 removes discrimination and has equal access to immigrants and transgender. PrEP to be ready by Dec 1 – to make sure that all promoting. What didn't make the signed was the cost share for PrEP and PEP. There is interest in increasing access to PrEP and PEP and may come to HPSG

Telemedicine Bills 4 this year.
Remove requirement for face to face for things like PrEP, Scope of practice and licensure – Didn't pass: telePrEP not covered by insurance. TelePrEP is happening, but they are not being funded by insurance, but through other pots of money.

Passed – Consultation between providers and setting fees in telehealth

Opioid Omnibus Bill – Emalie will do in July HPSG or a write up

HCA is charged with procurement start for Hep C med and report to leg in Oct. Cost and cost saving and any cost saving used as prevention through DOH.

Bill Discussion

Failed to leave the house – currently discussion have not happened at agency level yet.

- What is in the bill
- What are our priorities
-

How would the group like to move forward with the bill?
Shauna – What was the key thing that got it not to go through and are we married to that or do we need to flex?

Lauren – good to start the conversation, but too early to decide what to keep and what to go.
Scott – Before the bill got to floor, Lifelong had a campaign to the Speaker of the House to get the bill out of Rules. There was an assurance from the leg assistant that there was nothing to preclude the bill from moving forward to calendar it.

Clarification from Tam and the Sec and the Gov didn't stop the bill and that is very uncommon.

Scott – there was concern that because Sec Weisman didn't testify and sent a message that they agency didn't support.

Erick – The community perception is that Sec and Gov didn't do anything to advance it. The de-crim piece is what may have been the sticking point that came from that piece. Largest opposition from the prosecutors association.

Lauren – There was some conversation last meeting, but moving forward there is interest in moving forward next year. There are community members ready to go forward with or without DOH. Jinkins too

Lara: Do you separate the two pieces of the bill so that they education, BBP can go through…will it happen to pass?

Lauren – DOH has a very prescribed process for legislation and for something like this it makes it difficult for the community to support something when they don't have enough time to review. Community needs to start doing the education and working well in advance so when something is ready, the community is ready. Then DOH can combine or support the effort.

Tam – Reminder that agencies always have a prescriptive process when put something out vs supporting something that is put through by someone else.

Jason – DOH v Community, is that a discussion point?

Agency expected timeline for short session need to have packages to the Gov office by mid-September.

Erick – To be clear the community was asked to not submit a community bill so that DOH could work on the bill.

Tam – Has said since she started that she would love the community to put forward a bill the agency could support.

Clarification – Should the community put a bill together that the agency could support.

Tam – Yes

There is a sense of urgency for END AIDS around de-stigmatiation and modernization. The committee needs to decide today that they want to put forward a package.

Judith – Rep Jinkins wants to move forward, is she wanting to use what was used this year for next year?

Erick – Technically not dead, but could be run next year. Rep Jinkins hasnt decided if she wants to use the current or make changes. Thinking over the summer.

Lauren – Need to clarify what HPSG role is with this bill to support or create. Clarify what our role can be from the DOH standpoint.

Tam – As an DOH board slippery slope, but these are members of the community that can work together and have conversations and advise.

IF you don't have the prosecutors and Sheriffs on board the bill doesn't pass…how do

we get them on board?

Scott – Door has been opened by PA to have those conversations and how to have to conversations collectively and not just three individuals.

Shireesha - Would it be worthwhile to bring people together to discuss

Lara – This body is an DOH advisory committee and our role is dependent upon who takes up the bill. HPSG can take on an education role.

Jason – HPSG is tied to END AIDS and eliminating stigma and modernize Washington laws.

Jsani – This also include disparities

Shauna – Be more strategic that End AIDS and legislative piece…be tasked with the education (epi, stigma, impacts, and how these pieces tie into other things…prosecutors group

Erick – The group could make a statement that we will not support a bill that doesn't include decrim.

Tam – Things to think about, who is the prosecutors association that you invite. The prosecutors and not just the lobbyist.

Lauren – There is a culture around working with prosecutors…find a way to go to prosecutors. Have a person of science, medical has experience, but not a dog in the hunt and talking the science of HIV, risks, transmission…that's where minds are changed.

Tam – There are prosecutors who are supportive of the leg.

Shauna – Take Scott's rec to form a sub-committee to take on the task. ATAC is a neutral body that can deliver an educational piece to PA that includes stigma and marginalized communities.

Lauren – We are not going to win over everyone, but having the voices to counter balance and neutralize the position. Found prosecutors who agreed but not ready to publicly support.

Shauna - Q: Desire to reach out and do education, but is there a place for the bill to come up into the conversation. Where is the follow up? DOH/HPSG for follow up

Lara – Helpful and more persuasive when coming from a completely neutral spot and do follow up later.

Tam – Pierce County doesn't prosecute any cases just for exposure under a former prosecutor.

Mike – Statewide how often are the prosecutions happening?

Lauren – It's not easy to find out…assault 1 is the only law that mentions HIV and these get prosecuted other ways and so hard to identify. Have identified 12-14 cases with a plea or conviction…some for exposure and some with a simple assault.

	Mike – There are very few cases where people are weaponizing their disease and need to keep responsibility of not completing removing for those individuals. **Lara – Of the cases that have been convicted as felonies, very few have purposely infected others.** **Lauren - We approach this as lay people and how we look at a law is different than how a prosecutor looks at the law – the big thing has to do with intent and mental state. The proposed law isn't about intent it's about knowing and wanting to give the infection to another person, current law doesn't take intent to account.** **Some people still see HIV as a death sentence and not manageable.** **Dennis – Do we know for certainty that why the bill didn't make it to the floor. As Scott mentioned, it was a surprise that it didn't go to the floor and the group needs to discuss.** **Shauna – Can we actually put something out to set a subcommittee to come up with a plan?** **Lauren – Scott, Lauren, and Erick will be moving forward regardless of what the group decides.** **Ask – As a group what are the next steps?** **Jsani – from the group that is taking this on, what support is needed from HPSG?** **Jason – Call to action, when communicating out to various networks the question was how? How do we mobilize community and have a grass roots response. Having a place for people to go when we have the opportunity for people to engage.** **Shauna – is the ask for us to reach out to AETC? What does this look like when we leave today?** **Joe – Can bring up the request to the director of AETC.** **Lauren – Making clear the not lobbying, just providing with HPSG** **Erick – Propose meeting with folks to HPSG to identify strategy**	
NOTE: ***Public Comment will be included during each section discussion***		***Receive Public Comment***
12:00pm - 12:30pm (break)	***Working Lunch***	***Obtain food (and eat)***
12:30pm – 2:50pm	**V. WTN Demonstration – Kelly Naismith – 30 minutes** **a. How to data demonstration** **VI. Co-Pay Accumulator Card Discussion – Carri/Scott – 1 hour** **What these programs are, how it affects people at the pharmacy and what we can do.** **As it stands there are programs that people can get help paying for medication. ADAP or Washington discount card – the co-pay accumulator refers to the discount card that any one is eligible for. For high cost medication anything paid out of pocket is applied to co-pay max/deductible. If the policy creeps in and doesn't apply to deductible then we are not removing that barrier to access.** **Knowing what to do and reporting back to DOH and some other folks so that things can be addressed and identify solutions.**	

	Right now it's applying to discount cards, but we don't want it to creep into other programs like ADAP. DOH is watching across health care delivery systems. If someone is saying they can't get meds, ask why and who their insurance is so that DOH can address some of those issues. May be receiving letters that a drug is no longer being covered and being told that they have to switch. We don't want clients being surprised at the pharmacy about changes as certain medications are being dropped from formularies. Have folks contact their insurance provider at that time and then talking with providers. Insurance companies moving into lower cost medications. Soft denials…fear at the pharmacy. These are decisions that are made at the population level and not the individual level based on the individual health plans. Working Medicaid populations for expedited authorization for certain conditions to not need prior approval if criteria are met for get services. Shauna – What can DOH do to advocate for some things to be changed for certain populations can have access to specific medications that aren't on the Medicaid formulary and is discriminatory? Not able to get a person on the treatment they need because of these barriers. Formulary review not up to speed with HIV treatment. DOH does work with HCA and DOH staff needs to know these issues so that they can champion and work on systems change. Preferred drug list is based on funding and projecting costs. DOH can advocate for more frequent review of the formulary for disease/condition of public health significance. Can there be reporting at HPSG of formulary changes? Providers want to be able to make the choice of what is the best medication for the patient and not be regulated to just one medication – ex Hep C medication – while there are exception requests that can be made, how does it change the process when getting some of the medications are already hard to get access to. Decrease the paperwork and preauthorization process for access to Hep C medication – how do we get access quicker so that people can be connected to care quicker. Frustrating that people in HCA are making decisions that don't have experience or knowledge on Hep C and HIV treatment Bottle neck in the administrative stand point regarding paperwork Priority medications across managed care Once to twice a year updates on formulary changes. Glossary that can be used for the group to refer to on occasion. Public Comment Co-Pay – 3 state have legislation that have taken action on the co-pay accumulator so that patients aren't getting stuck footing that bill.	
NOTE: ***Public Comment will be included during each section discussion***		***Receive Public Comment***

2:50pm – 2:55pm	**VIII. HPSG Report Outs / Announcements (5 minutes)** **a. BWA** **Provider campaign has concluded – meaning that the ads are running and some providers are requesting clings for each of the exam rooms. Having more for sharing at conferences etc.** **Invitation to participate in a webinar for folks to participate in providing input for the next campaign. Overview of the process, unveiling of the "Chill" Campaign. There are 6 different spokes models, msm, white, black, Asian, and trans women who are Latinx and black. Videos for Snapchat and Facebook that will be out there. Swag will be available at the HIV conference. Campaign will be at 6 different events across the state.** **BWA is partnered with John Snow Inc to do an evaluation of the campaign for impact of the campaign.** **September start working on the last campaign for people living with HIV – not sure what that is going to look like.** **Public Comment** **b. Any HPSG Member Announcements** **Comment – legislation that didn't pass from OSPI around comp sex ed – speculation that there were concerns from conservations about educating kids about non cis sexual identity. HPSG should watch because it does have an effect on the work that we do.** **AIDS watch, 4 main issues, met with congress folks and was surprised that some reps actually had questions and wanted information about the national strategies. They wanted to know what is going on at the state level. In an official way make sure that we are sharing state info at the federal level.** **How can DOH get information to who needs it without looking like lobbying – There are people in the agency that we can "inform"** **Having a youth representative on HPSG** **Jason - Hep C Free WA events – Seattle May 18th and Spokane May 23rd to engage community of the HEP C recommendations. Panel discussion, epi info, provider, and breakout sessions for access to care. Recommendations are due to Gov in July. Will have syringe exchange available and being doing testing as well.** **Adrian – Lots of Latinx foreign born cases of syphilis and TB and trying to figure out what's going on? Working with needle exchange program. Only have one PrEP friendly provider in the community as there is an increase in PrEP clients. Huge issues of stigma with providers – drug use, HIV, LGTBQ, need increased education in Benton-Franklin. Melissa added that there are lot's of misconceptions about what is in their community.** **HIV Conference – Next week, reg closed but there is a wait list. Will be multiple sessions for folks to attend**	*Provide Information and Receive HPSG Comments and Suggestions*
2:55 pm – 3:00pm	***Public Comment* (5 minutes)**	***Receive Public Comment***

3:00pm	**Adjourn**	

Opportunities for public comment are provided at the end of each agenda item for comments related to the item and at the end of the meeting for general comments. HPSG Co-Chairs will ask for a show of hands of people who would like to comment. The Public comment time will be divided equally amongst them.